

PTO/SB/R51 (05-03)  
 Approval for use through 01/31/2004. OMB 0651-0033  
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# REISSUE APPLICATION DECLARATION BY THE INVENTOR

Docket Number (Optional)  
 4320-241

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are stated below next to my name.

We believe that we are the original, first and joint inventors of the subject matter which is described and claimed in patent number, granted, and for which a

reissue patent is sought on the invention entitled VERTICAL CYLINDRICAL SKEIN OF HOLLOW FIBER MEMBRANES AND METHOD OF MAINTAINING CLEAN FIBER SURFACES,

the specification of which

☐ is attached hereto.

☒ was filed on July 20, 2000 as reissue application number 09 / 821,234  
 and was amended on March 29, 2001; June 2, 2003; and, August 25, 2003.  
 (If applicable)

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)

☒ by reason of a defective specification or drawing.

☐ by reason of the patentee claiming more or less than he had the right to claim in the patent.

☐ by reason of other errors.

At least one error upon which reissue is based is described as follows:

The claims of the issued patent failed to include claims to a system having a reservoir, an assembly of membranes, a device operable to apply a suction to the membranes and an aeration means.

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This collection of information is required by 37 CFR 1.175. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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**(REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2)** Docket Number (Optional)  
4320-241

Every error in the patent which was corrected in the present reissue application, as not covered by a oath/declaration submitted in this application, arose without any deceptive intention on the part of the Applicants. As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Name(s) Scott R. Pundsack  
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☒ Customer Number 1059 Place Customer Number Bar Code Label here  
OR  
Type Customer Number here

☐ Firm or Individual Name

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Country

Telephone Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.

Full name of sole or first inventor (given name, family name)  
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Inventor's signature *Wayne Henshaw*

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☐ Additional joint inventors are named on separately numbered sheets attached hereto.

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